

EASTERN SHAWNEE TRIBE OF OKLAHOMA

VOTER REGISTRATION APPLICATION

1. Persons who can register. Any member of the Eastern Shawnee Tribe of Oklahoma who is 18 years of age or older.
2. Read the oath carefully. Sign and date it in ink. If you cannot sign your name, make your mark and give the name of the person who helped you.

Warning; all answers on this application must be true. A penalty may be assessed for any false information given. This information will be used to determine voter eligibility protected by the Privacy Act.

Voter Registration # _____

Use black ink. All areas must be filled out. After you complete this application, use proper postage and mail to Election Board, P.O. Box 947, Seneca, MO 64865 or FAX to (888) 899-0249.

| Last Name (Print) | First Name (Print) | Middle Name (Print) | Suffix |
|----------------------------|--------------------|---------------------|--------------|
| / / | | | |
| Date of Birth (MM/DD/YYYY) | Tribal Roll Number | Male _____ | Female _____ |
| Address: | | | |

| Address | City | State | Zip | County |
|---|------|-------|-----|--------|
| Mailing address (if different from address) | | | | |

| Address | City | State | Zip |
|--------------|------|-------|-----|
| Former Name; | | | |

| Last Name (Print) | First Name (Print) | Middle Name (Print) |
|---|--------------------|---------------------|
| If someone helped you fill out this application, give name and address. | | |

| Last Name (Print) | First Name (Print) |
|-------------------|--------------------|
| Address | |
| City | State Zip |

OATH: I swear or affirm that:
I am a member of the Eastern Shawnee Tribe of Oklahoma.
I am 18 years of age or older. Or I will be 18 on or before the date of the next election.
The information is true and I reside at the address given.

X _____ Date _____
Signature or Mark of Applicant

Election Board: (918) 238-5151 ext. 1065